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**FEB 22 2006**

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**FACSIMILE TRANSMISSION**

TO: MAIL STOP MISSING PARTS FROM: Jonathan M. Hines  
Art Unit - Not Yet Assigned Reg. No. 44,764

DATE: February 22, 2006 FAX NO: (571) 273-8300

RE: Our File No. 3427/1US; U.S. Patent Application Serial No. 10/539,712 ✓

CONFIRMATION COPY YES NO ✓  
TO FOLLOW:

NUMBER OF PAGES Cover + 4

**MESSAGE:** Please see the attached Response to Notice to File Missing Parts of NonProvisional Application for U.S. Patent Application Serial No. 10/539,712 filed in reply to the Notice of Missing Parts dated January 13, 2006.

Also, please confirm receipt of this facsimile. Thank you.

If any problems in transmission occur, please contact Delia Dominguez Legal Assistant

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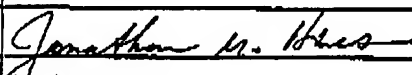
PTO/SB/21 (09-04)

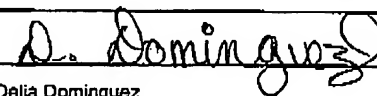
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/539,712	
	Filing Date	06/17/2005	
	First Named Inventor	David Charles Aslin	
	Art Unit	Not Yet Assigned	
	Examiner Name	Not Yet Assigned	
Total Number of Pages In This Submission	7	Attorney Docket Number	34271US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> Alter Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration; Facsimile Cover Sheet
Remarks If there are any fees due in connection with the above-referenced matter, please charge Deposit Account No. 01-0285.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	ADAMS EVANS P.A.	
Signature		
Printed name	Jonathan M. Hines	
Date	02/22/2006	Reg. No. 44,764

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Delia Dominguez	Date 02/22/2006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$130.00

**Complete if Known**

Application Number	10/539,712
Filing Date	06/17/2005
First Named Inventor	David Charles Aslin
Examiner Name	Not Yet Assigned
Art Unit	Not Yet Assigned
Attorney Docket No.	3427/1US

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 01-0265 Deposit Account Name: ADAMS EVANS P.A.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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- 20 or HP =	x	=	
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HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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- 3 or HP =	x	=	
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HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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- 100 =	/ 50 =	(round up to a whole number) x	=	
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**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Surcharge for Late Declaration/Oath**Fees Paid (\$)**

\$130.00

**SUBMITTED BY**

Signature



Registration No.

(Attorney/Agent) 44,764

Telephone 704-375-8249

Name (Print/Type)

Jonathan M. Hines

Date 02/22/2006

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